

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 61552522 FILING DATE

APPLICANT

19

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			✓			
2	/						52			✓			
3	/						53			✓			
4	/						54			✓			
5	/						55			✓			
6	/						56			✓			
7	/						57			✓			
8	/						58			✓			
9	/						59			✓			
10	/						60			✓			
11	/						61			✓			
12	/						62			✓			
13	/						63			✓			
14	/						64			✓			
15	/						65			✓			
16	/						66			✓			
17	/						67			✓			
18	/						68			✓			
19	/						69			✓			
20	/						70			✓			
21	/						71			✓			
22	/						72			✓			
23	/						73			✓			
24	/						74			✓			
25	/						75			✓			
26	/						76			✓			
27	/						77			✓			
28	/						78			✓			
29	/						79			✓			
30	/						80			✓			
31	/						81			✓			
32	/						82			✓			
33	/						83			✓			
34	/						84			✓			
35	/						85			✓			
36	/						86			✓			
37	/						87			✓			
38	/						88			✓			
39	/						89			✓			
40	/						90			✓			
41	/						91			✓			
42	/						92			✓			
43	/						93			✓			
44	/						94			✓			
45	/						95			✓			
46	/						96			✓			
47	/						97			✓			
48	/						98			✓			
49	/						99			✓			
50	/						100			✓			
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.			↓			↓
TOTAL DEP.	30	←	29	←		←	TOTAL DEP.			←			←
TOTAL CLAIMS	32	[REDACTED]	31	[REDACTED]			TOTAL CLAIMS			[REDACTED]			[REDACTED]